## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

an 27 2017

I. Name of Lobbyist(s)	John She	4	EW HAMPSHIRE
II. Name of lobbyist's partner	rship, firm or corporation,	if any:	
New Mar (Name of partr	pership, firm or corporation)	d Pilicy Zustytuk	L
Business Address: (Street)	(Town/Cit	HFIR. Concord NH (State)	03301
(603) <u>856-8337</u> (Telephone)	<u>c(</u> ( ) <u>715-5</u>	Fax) e-mail Jsh	aenhfyi-a
	100se one – file senorato ra	anowin for each all to Op	
		to the reporting date relative to the	following client:
		Polymy Lus Halle Lobbyist Registration Form)	
☐ All reportable transactions by unrelated to any particular client	the lobbyist (including the	lobbyist's family), or the lobbying fi	rm listed below which a
	5, 2017 🗹 te of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/17	
October	25, 2017 [] n 7/1/17 to 9/30/17	January 31, 2018  activity from 10/1/17 to 12/31/17	
V. There have been no fees r If this box is checked, complete ju Concord, NH 03301.	eceived and no reportal st this form and submit it to	ple transactions made since the the Secretary of State's Office, State	last report.   House, Room 204,
VI. Check if additional reports	are attached:		
If you have received fees or r	nade expenditures, you mus	t file Addendum A-Fees and Expe	nses
Expense Reimbursement	m or reimbursed expenses,	you must file Addendum B- Report	of Honorariums or
	ily has made political contri	ibutions, you must file Addendum (	C- Political Contribution
	SA 14-C and RSA 664 and owledge and belief.	hereby swear or affirm that the fore	going information is true
Signature of lobbyist)  John Shio		4/a3/17 (Date)	<del></del>
Tohn Shio Print Name of lobbyist)			